(Amended Date 18/2/19)

European College of Veterinary Sports Medicine and Rehabilitation

Alternate Residency Programme Application

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# General information concerning Alternate Residency Programmes

A veterinarian whose circumstances do not permit enrolment in a standard residency programme may submit an alternate programme to the College. In practice alternate residency programmes are designed to fulfil all requirements outlined for a standard residency programme in part-time study resulting in a longer overall length of the programme. The Alternate Residency Training Programme must be approved by the Education Committee and ratified by the Executive Board before the commencement of the programme. Alternate programmes are, by their nature, individualised and so it is envisaged that the resident will liaise closely with the Education Committee throughout the programme and provide detailed annual reports of progress and plans for subsequent years.

Approved Alternate Residency Training Programmes include:

1. Residency Programme Director
2. Clinical Supervisor (s)
3. Residency Training Plan
4. Details of Approved Satellite Training Centres

A brief overview is given below, for more detailed information please refer to the relevant chapters in the PPs of the ECVSMR.

Alternate residency programmes exist specifically to allow individuals to undertake training in a non-consecutive manner. However, these programmes must incorporate all of the training, conference attendances, professional presentations, publication and case log requirements listed in chapters 3 (SA track), 4 (EQ track) and 5. An alternate residency training programme must be preceded by a rotating internship or equivalent and must be comparable to a consecutive Standard Residency Training programme in duration, supervision, quality, and case numbers and type. The residency phase of an alternate programme (97 weeks of direct supervised training in veterinary sports medicine and rehabilitation and 13 weeks in related disciplines), as in a standard programme, must be completed within six years.

The resident must accumulate the required weeks of direct supervised training in sports medicine and rehabilitation in blocks of no less than three weeks at a time and weeks of training in related disciplines in blocks of at least two weeks at a time. **Direct supervision** indicates that the Resident must rapidly and personally discuss every case with the Diplomate, who must therefore be present on site. It is not necessary for the Diplomate to examine every case - this will depend on the level of expertise of the Resident.

## Training Locations

Alternate Residency Programmes allow residents to combine direct supervision with work in a ‘home institute’ or practice under the direction of a Residency Programme Director who is a Diplomate of the ECVSMR. Typically, the Residency Programme Director will be working at an Approved Training Centre (ATC), but if not, their involvement requires that the training site is designated a ‘Satellite Training Centre’ (STC). These centres must be re-accredited every five years. All other centres where residents may rotate occasionally or where supervision is provided by a specialist who is not an ECVSMR specialist will be considered on a case-by-case basis. The approval is granted only under the conditions of each individual application and a new application is required for each resident.

## Facilities, services and equipment required for an approved Residency Training Programme

Alternate Residency Programmes must provide residents with access to the following resources either through facilities in the home institute or through arrangements with the Residency Programme Director and/or Satellite Training centres:

1. Veterinary medical library containing the relevant textbooks and current journals related to the speciality
2. Medical records that are adequately maintained for each case and easily retrievable
3. Diagnostic facilities to perform routine diagnostic procedures relevant to the speciality (including, for example, radiography, ultrasonography, endoscopy, laboratory diagnostics). Access to advanced modalities, e.g. computed tomography (CT) and magnetic resonance imaging (MRI) are recommended.
4. Adequate caseload for the acquisition of the competencies described below. The alternate training programme must be constituted to provide access to this caseload either through ATCs or STCs. All training centres must be identified and approved as part of the application. Additional training centres may be added to the programme, if as part of the annual review there are deficiencies identified in the case load by the resident and/or Residency Programme Director or the Education Committee of ECVSMR. Such additions will require the approval of the Education Committee as STCs.
5. Species-specific equipment for rehabilitative treatment must be available, for example equipment for cryotherapy, heat therapy, neuromuscular electrical stimulation, extracorporeal shockwave therapy or hydrotherapy.
6. Equipment for objective locomotor assessment, such as pressure mats, force plates, objective video and/or sensor-based gait analysis are recommended. If this equipment is not available at the institution, the residents must gain experience by spending time at satellite centres or other approved institutions.

## Residency Programme Director

Each Alternate Residency Programme must have a Residency Programme Director who must be a Diplomate of the ECVSMR and a senior member of staff at the institution hosting the residency. The Residency Programme Director is responsible for the application for approval of the Alternate Residency Programme to the ECVSMR Education Committee and for ensuring that it continues to meet the requirements of the ECVSMR once it has gained approval (see Appendix Form ‘Approval of the Alternate Residency Programme’);

## Clinical Supervisor

The Alternate Residency Training Programme must be supervised by one or more Diplomates of the ECVSMR in the field. A supervisor cannot supervise more than two residents at a time, although in exceptional cases three residents can be allowed for a restricted time period.

The supervisor is responsible for:

* 1. administration and supervision of the candidate’s progress through the Programme; this will require frequent contact and at least two formal, recorded meetings per year to assess progress and performance, and to review the activity portfolio
	2. completion of an annual report for each supervised resident, which is sent to the Education Committee (see Appendix form “Annual report”)
	3. ensuring that all facilities and case material required are available to the resident

## Residency Training Plan

Training can be completed in small animal (SA track) or equine (EQ track) sports medicine and rehabilitation. Further information concerning the subject-specific skills may be found in the P&Ps

# Formal steps towards recognition

A new Alternate Training Programme Application must be submitted for all programmes as they are all expected to be unique. In order to establish an Alternate Residency Training Programme, prospective residents should

1. Ensure they meet the training pre-requisites (clinical internship or equivalent)
2. Identify a suitable Residency Programme Director (Dip ECVSMR) and develop a programme together
3. Identify suitable Approved Training Centres or Satellite Training Centres that can be used to meet the training requirements and obtain signed mentorship agreements that they will host the resident
4. Document the training facilities and resources that will be available to the resident
5. Create a week-by-week plan of how the programme will integrate with the home institutes expectation.
6. Identify and document any identified deficiencies in the programme and as part of the application
7. Submit the application to the Education Committee and consider feedback as appropriate.

Any major changes to the Residency Training Programme and Residency Training Facility must be communicated immediately to the ECVSMR Secretary by using the ‘Major Changes Form’.

In addition, the following documents will be required after approval of the Residency Training Programme:

* Annual Updates for Residency Training Programme;
* Major Change to Residency Training Programme Form;

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVSMR Secretary, Email: info@ecvsmr.org

# Part 1: Alternate Residency Training Enrolment

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Current employment details |
|  …………………………………... |
| Veterinary Degree |
| Degree | …………………………………... |
| Awarding university | …………………………………... |
| Date of graduation  | …………………………………... |
| Date of EAEVE accreditation of university | …………………………………... |
| Brief history of employment |
| Please provide details of rotating internship or equivalent post graduate experience.…………………………………... |
| I hereby register my residency with the European College of Veterinary Sports Medicine and Rehabilitation in accordance with its rules and guidelines, as published in the college’s Policies and Procedures I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my residency training and/or acceptance of my Credentials Application and may be reason for termination of my residency program and/or permanent disqualification of my application.I further agree:(i) to indemnify and hold harmless the European College of Veterinary Sports Medicine and Rehabilitation and each and all of its members, , officers, examiners and agents from and against any liability whatsoever in respect of any act or omission in connection with this registration, applications, credentials, examinations, the grades on such examinations and/or the granting or issuance of or failure to grant or issue a certificate to me, and(ii) that any certificate, which may be granted and issued to me shall be and remain the property of the European College of Veterinary Sports Medicine and Rehabilitation.iii) That all person details regarding my application, progress, examination performance, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

# Residency Programme Director Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
|  …………………………………... |
| I agree that for all of my Residents, as Programme Director, :* I must remain an ECVSMR member in good standing;
* I will ensure that the Resident’s schedule is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will report immediately to the Education Committee any major change in the Residency Training Programme or Residency Training Facility ;
* I am responsible for informing the Credentials Committee of the Resident’s progress on an annual basis.
* I am responsible for signing a letter at the time of Credential Application verifying the Resident’s successful completion of all aspects of the programme.
* I will ensure that all administrative tasks and communication with ECVSMR are completed in a correct and timely manner.

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

PRIMARY EMPLOYER AGREEMENT (if appropriate)

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Institute/Practice name |  |
|  …………………………………... |
| Details of employment (full time / part time) |
| Click or tap here to enter text. |
| I agree to support my employee in undertaking an alternative residency training programme:* I agree to their involvement in the alternative residency training programme detailed below
* I understand that this will involve almost 50% of their time over the next 6 years
* I will ensure they have access to resources and facilities laid out in the document below
* The practice will support and facilitate access to clinical records for the completion of clinical research and publication as necessary

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

# Part 2: Alternate Residency Programme

Please refer to the ECVSMR Policies and Procedures (P&P) for help with completion of this application.

|  |  |
| --- | --- |
| Programme outline and training |  |
| Duration of training programme (Minimum 3 years, Maximum 6 year): | Click or tap here to enter text. years. |
| Proposed start date | Enter date  |
| This application is for  | choose track. |
| Residents may not be commence an alternate residency programme until approved by the Education Committee and ratified by The Board |
|  |  |
| Overview of training centres |
| Please describe what centres will participate in the training of the alternate residency programme to ensure all weeks are completed. Describe how long residents will spend at each centre. Please confirm whether sites are approved training centres of ECVSMR or satellite training centres and that mentorship agreements are included. If multiple centres are involved please insert rows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Centre name | Clinical supervisor | Specialist college | Type (ATC or STC) | Number of weeks | Mentorship agreement complete |
| Primary species sports medicine |
|  |  |  |  |  |  |
| Alternate species sports medicine |
|  |  |  |  |  |  |
| Surgery rotation centre |
|  |  |  |  |  |  |
| Internal medicine rotation |
|  |  |  |  |  |  |
| Diagnostic imaging rotation |
|  |  |  |  |  |  |
| Neurology rotation (small animal track only) |
|  |  |  |  |  |  |

Please describe any other centres involved in the trainingclick to type here |
| Access to facilities and resources |
| Please indicate equipment available and resources that will support the training of this resident. It is not expected that all facilities will be present and acknowledged that some are specific to certain species. Where necessary provide brief details of these facilities. Specific model details are not required.

|  |  |  |
| --- | --- | --- |
| Equipment/Resource | Comments | Location(s) available |
| Academic resources |
| [ ]  Access to full reading list |  |  |
| [ ]  Online access to relevant human and veterinary journals |  |  |
| [ ]  Searchable patient record database |  |  |
| Clinical facilities |
| [ ] Radiography  |  |  |
| [ ] Ultrasonography  |  |  |
| [ ] Scintigraphy |  |  |
| [ ]  Cardiology (ECG/Echo) |  |  |
| [ ] Computed tomography |  |  |
| [ ] Magnetic Resonance Imaging |  |  |
| [ ] Respiratory Endoscopy |  |  |
| [ ]  Gastroscopy |  |  |
| [ ]  Dynamic endoscopy |  |  |
| [ ]  Exercise physiology facilities |  |  |
| [ ] Laboratory diagnostics |  |  |
| Equipment for rehabilitative therapies |
| [ ] Cryotherapy |  |  |
| [ ] Heat therapy |  |  |
| [ ] Neuromuscular electrical stimulation |  |  |
| [ ] Therapeutic Ultrasound |  |  |
| [ ] Laser (Class 3b or higher) |  |  |
| [ ] Extracorporeal Shockwave orradial pressure wave treatment |  |  |
| [ ] Magnetic field therapy |  |  |
| [ ] Equipment for therapeutic exercises |  |  |
| [ ] Underwater treadmill |  |  |
| [ ] Pool |  |  |
| [ ] Podiatry service |  |  |
| [ ] Other |  |  |
| Equipment for objective locomotor assessment |
| [ ] Pressure mats |  |  |
| [ ] Force plates |  |  |
| [ ] Video-based gait analysis |  |  |
| [ ]  Sensor-based gait analysis |  |  |
| ☐Arena for ridden and unridden assessment of horses |  |  |
| [ ] Allied professional services working collaboratively with specialists (eg saddle fitters, give details) |  |  |
| [ ]  Others:  |  |  |

 |
| Involvement in sporting events |
| Please describe what provisions are made to ensure that residents participate in sporting eventsclick to type here |
| Details of formal training  |
| Please describe what formal training opportunities exist for developing clinical training and understanding of research methods (e.g., rounds, journal clubs, image interpretation training, statistical methods training). Indicate how the resident will be involved in these session (in person, video conferencing etc) and whether the resident will be involved in these activities when not present at the primary ATC/STCclick to type here |
| Details of self-directed study time |
| Please detail the plan for completion of the formal course work requirements.click to type here |
| Details of planned conference attendance |
| Please provide details of conferences, meetings and courses that will be attended by the residentclick to type here |
| Presentations to be given by the resident |
| Please describe what opportunities the resident will have to give professional presentations. Residents must give 2 presentations in the subject area. click to type here |
| Research training details |
| Please describe you plan for research (minimum 4 weeks per year) and preparation of scientific manuscripts for publication. Provide detail as to where and when the research will be undertaken. Alternate Residency Programmes should identify a topic of research and the mechanism by which ethical approval will be obtained. click to type here |
| Comparative sports medicine / rehabilitation (optional) |
| Please describe what (if any) opportunities will be made for residents to work in human sports medicine / rehabilitation centres. This is not compulsory.click to type here |

## Overview of training programme

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | TOTAL | MINIMUM REQUIREMENT |
| Sports medicine and rehabilitation clinics | # | # | # | # | # | # | # | 97 |
| Clinical rotation with the alternate species | # | # | # | # | # | # | # | 4 |
| External Rotations |  |  |  |  |  |  |  | 13 |
| Small | Equine |
| Surgery | # | # | # | # | # | # | # | 5 | 5 |
| Internal Medicine | # | # | # | # | # | # | # | 4 | 5 |
| Neurology | # | # | # | # | # | # | # | 1 |  |
| Diagnostic Imaging | # | # | # | # | # | # | # | 3 | 3 |
| Research | # | # | # | # | # | # | # |  |
| Conference attendance | # | # | # | # | # | # | # |  |
| Formal course work | # | # | # | # | # | # | # |  |
| Vacation | # | # | # | # | # | # | # |  |

Weeks are usually considered to begin on Monday and end on Sunday. Weeks of clinical work may not overlap. All supervised SMR weeks must occur at a Residency Training Facility approved in advance by the Education Committee. Any change from this must be described below for consideration by the education committee. click to type here

Please indicate any other arrangements within the programme not covered above

click to type here

Planned schedule of training

**Please attach a 12 month schedule indicating week-by-week involvement in each aspect of the training programme. As part of each annual submission you must indicate how the actual training plan has been delivered and a plan for the next 12 months.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONTH****Week** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |

Part 3 Overview of resident supervision

|  |
| --- |
| Please complete this table to provide a general overview of the quality of training provided to the resident. In each rotation, a primary supervisor must be identified who is a member of the appropriate EBVS or ACVS recognised college. These supervisors must each complete a mentorship agreement document to confirm their involvement with the residency programmes. Supervisors must be legally and locally authorized to practice in the Residency Training Facility where supervision takes place.ECVSMR recognises that, in some non-European countries, there are nationally-recognised specialists who could contribute to training. In circumstances where there are insufficient European Diplomates, a non-EBVS recognised Diplomate may co-supervise a European Residency Programme under the condition that the EC responsible for the residency Programmes approves the curriculum vitae of the non-EBVS recognised specialist who is co-supervising the Programme. Please send the form ‘Use of non-EBVS recognised Diplomates’ for approval.External rotations are those provided at a separate institute from either the primary ATC or the resident own institute. Internal rotations are those undertaken within the same or other departments of the same institute. |
|  |  |
| Programme director  |
| The Residency Programme Director must be a Diplomate of the ECVSMR and a senior member of staff at the institution hosting the residency. The Residency Programme Director is responsible for approval, re-approval and ensuring that the programme continues to meet the requirements of the ECVSMR once it has gained approval. They also record the presence of visiting residents (externships).

|  |  |
| --- | --- |
| Name of programme director | click to type here |
| Qualifications | click to type here |

 |
| Primary clinical supervisor  |
| The Alternate Residency Training Programme must be directly supervised by an EBVS-recognized DECVSMR in the field for the 97 weeks Sports Medicine and Rehabilitation Clinics. The Residency Programme Director and supervisor may be the same person. 'Direct supervision' indicates that the Resident must rapidly and personally discuss every case with the Diplomate, who must therefore be present on site. It is not necessary for the Diplomate to examine every case - this will depend on the level of expertise of the Resident. Diplomates may only be 'off site' (e.g. attending a congress) for at most two (2) weeks continuously without arranging another Diplomate to act as a supervisor in their place. One diplomate may supervise a maximum of 2 residents at any given time. Indicate the number of weeks (annually) the primary resident is available to engage in direct supervision of the resident.

|  |  |
| --- | --- |
| Name of supervisor | click to type here |
| Qualifications | click to type here |
| Weeks  |  |

Details of other Sports Medicine Diplomates involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents |
| Click or tap here to enter text. | college | Select | Click or tap here to enter text. |

Please specify what arrangements are in place for those times when a Diplomate of the speciality in which the programme is registered is not present.:click to type here |
| Surgery rotation supervisor  |
| A rotation in surgery relevant to the primary species must be supervised by an ECVS or ACVS diplomate.

|  |  |
| --- | --- |
| Name of supervisor | click to type here |
| Qualifications | click to type here |
| Comments | click to type here |

Details of other surgery diplomates (in the primary species) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents |
| Click or tap here to enter text. | college | Select | Click or tap here to enter text. |

 |
| Internal medicine rotation supervisor |
| A rotation in internal medicine relevant to the primary species must be supervised by an ECVIM, ECEIM or ACVIM diplomate.

|  |  |
| --- | --- |
| Name of supervisor | click to type here |
| Qualifications | click to type here |
| Comments | click to type here |

Details of other internal medicine diplomates (in the primary species) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / xternal | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents |
| Click or tap here to enter text. | college | Select | Click or tap here to enter text. |

 |
| Neurology rotation supervisor (small animal only) |
| A rotation in neurology relevant to the primary species must be supervised by an ECVN or relevant ACVIM diplomate.

|  |  |
| --- | --- |
| Name of supervisor | click to type here |
| Qualifications | click to type here |
| Comments | click to type here |

Details of other neurology diplomates (in the primary species) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents |
| Click or tap here to enter text. | college | Select | Click or tap here to enter text. |

 |
| Diagnostic imaging rotation supervisor |
| A rotation in diagnostic imaging must be supervised by an ECVDI or relevant ACVR diplomate or associate diplomate.

|  |  |
| --- | --- |
| Name of supervisor | click to type here |
| Qualifications | click to type here |
| Comments | click to type here |

Details of other imaging diplomates) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents |
| Click or tap here to enter text. | college | Select | Click or tap here to enter text. |

 |
| Alternative species sports medicine rotation supervisor |
| A rotation in the alternative species must be supervised by an an appropriate EBVS or AVMA recognised specialist

|  |  |
| --- | --- |
| Name of supervisor | click to type here |
| Qualifications | click to type here |
| Comments | click to type here |

Details of other diplomates involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents |
| Click or tap here to enter text. | college | Select | Click or tap here to enter text. |

 |

# Part 4: Mentorship agreements

## Sports Medicine Clinical Supervisor Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| I agree that for all of my Residents, as supervisor, I:* and the Resident will complete and submit the ECVSMR Resident Registration Form and required Registration Fee to the ESVSMR Secretary by the next February 1st/August 1st after initiation of training (whichever date comes first).
* will remain an ESVSMR member in good standing for the duration of my Resident’s training in order to remain his/her Mentor.
* will directly oversee the approved Residency Training Plan, monitor my Resident’s progress, and ensure that the Core Curriculum will be received.
* will meet with the Resident at least once every 3 months to evaluate his/her progress through the Programme.
* will accept ultimate responsibility for the quality of the educational experiences of the Residency, including the quality of Supervision by other Diplomates.
* will review and critique the Resident’s Annual Progress Report, Knowledge and Experience Requirements, Skills Log, and Training Benchmarks (as required).
* will be responsible for informing the Credentials Committee of the Resident’s progress on an annual basis.
* will be responsible for signing a letter at the time of Credential Application verifying the Resident’s successful completion of all aspects of the Programme.
* will continue to work with the Candidate until she/he is successful in passing the Certifying Examination and achieves Diplomate status, or for as long as is mutually agreed.

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

**Surgery Rotation Supervisor Agreement**

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
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| I agree that :* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the equivalent of at least 5 weeks (i.e. 200 hours) under my supervision
* I will ensure that residents focus on learning and evaluating the results of orthopaedic examinations and treatments
* While no direct surgical training is expected, I will encourage the resident to observe different surgical procedures relevant to the speciality.
* The resident will receive direct training in orthopaedic examination techniques.
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

**Internal Medicine Rotation Supervisor Agreement**

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
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| I agree that :* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the equivalent of
	+ at least 5 weeks (i.e. 200 hours) under my supervision for equine track residents
	+ at least 4 weeks (i.e. 160 hours) under my supervision for small animal track residents
* I will ensure that residents focus on learning and evaluating relevant aspects of internal medicine including exposure to nutritional issues, gastrointestinal disorders, upper and lower respiratory diseases, the practical application of exercise physiology, neurological (for equine track residencies) and cardiological investigations.
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

Neurology Rotation Supervisor Agreement (small animal track only)

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
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| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
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| I agree that :* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the equivalent of at least 1 week (i.e. 40 hours) under my supervision
* The resident will receive direct training in neurological examination and diagnostic techniques.
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

Diagnostic Imaging Rotation Supervisor Agreement

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
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| I agree that :* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the equivalent of at least 5 weeks (i.e. 200 hours) under my supervision
* I will ensure that residents focus on learning the principles of image acquisition and interpretation and determination of clinical significance of findings for radiography, MRI, CT, ultrasonography and scintigraphy
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |

## Alternative Species Rotation Supervisor Agreement

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
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| I agree that :* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the equivalent of at least 4 weeks (i.e. 160 hours) under my supervision
* I will ensure that residents focus on rehabilitation in this species
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Date: Click or tap to enter a date. |
| Signature:  |  |